

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		1836473.19
(b) Cash on Hand at Beginning of Reporting Period.....	2339470.10	
(c) Total Receipts (from Line 19)	132614.30	968765.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2472084.40	2805238.54
7. Total Disbursements (from Line 31).....	127753.58	460907.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2344330.82	2344330.82
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	81336.83	381233.47
(ii) Unitemized	37841.07	106049.22
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	119177.90	487282.69
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	119177.90	492282.69
12. Transfers From Affiliated/Other Party Committees.....	13175.00	468675.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	1334.52
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	261.40	973.14
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	132614.30	968765.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	132614.30	968765.35

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	253.58	3157.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	253.58	3157.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	127500.00	457750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	127753.58	460907.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	127753.58	460907.72

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	119177.90	492282.69
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	119177.90	492282.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	253.58	3157.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1334.52
38. Net Operating Expenditures (subtract Line 37 from Line 36)	253.58	1823.20

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Mary C. Becker

Mailing Address 7800 South Eagle Road

City State Zip Code
Columbia MO 65203-9017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Missouri Hospital Association Senior VP, Commc. & Health Improvement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
218.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2011
Transaction ID : 19176828

Amount of Each Receipt this Period
43.75

Full Name (Last, First, Middle Initial)
B. Mr. Herb B Kuhn

Mailing Address 5310 Saddlebrooke Lane

City State Zip Code
Lohman MO 65053-9353

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Missouri Hospital Association President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2011
Transaction ID : 19176869

Amount of Each Receipt this Period
125.00

Full Name (Last, First, Middle Initial)
C. Mr. Daniel R. Landon

Mailing Address 1811 Forest Park Court

City State Zip Code
Jefferson City MO 65109-9782

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Missouri Hospital Association Sr. Vice President, Governmental Relat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2011
Transaction ID : 19176872

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 231.25

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Kathleen C. Poff

Mailing Address 5119 Coventry Way

City State Zip Code
Jefferson City MO 65101-8284

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Missouri Hospital Association Senior Vice President & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
218.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2011
Transaction ID : 19176894

Amount of Each Receipt this Period
43.75

Full Name (Last, First, Middle Initial)
B. Mr. Jerry M. Sill

Mailing Address 2906 Valley View Terrace

City State Zip Code
Jefferson City MO 65109-1069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Missouri Hospital Association Senior Vice President & General Course

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
218.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2011
Transaction ID : 19176902

Amount of Each Receipt this Period
43.75

Full Name (Last, First, Middle Initial)
C. Mr. Leonard Hernandez

Mailing Address 445 Hilltop Street

City State Zip Code
Elkhart KS 67950-0937

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Morton County Health System Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2011
Transaction ID : 19176989

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **337.50**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Stephen M. Ahnen		Date of Receipt MM / DD / YYYY 06 / 06 / 2011 Transaction ID : 19177077
Mailing Address 125 Airport Road		Amount of Each Receipt this Period 41.64
City Concord	State NH	Zip Code 03301-7300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.64
Name of Employer New Hampshire Hospital Association	Occupation President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 541.96	

Full Name (Last, First, Middle Initial) B. Mr. Michael E Henze		Date of Receipt MM / DD / YYYY 06 / 07 / 2011 Transaction ID : 19177617
Mailing Address 54 Hospital Drive		Amount of Each Receipt this Period 600.00
City Osage Beach	State MO	Zip Code 65065-3050
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Lake Regional Health System	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Mr. Gary L Barnett		Date of Receipt MM / DD / YYYY 06 / 01 / 2011 Transaction ID : 19178497
Mailing Address P O Box 372		Amount of Each Receipt this Period 250.00
City Mattoon	State IL	Zip Code 61938-0372
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sarah Bush Lincoln Health Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	891.64
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 117
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Daniel A Parod

Mailing Address 2400 North Rockton Avenue

City State Zip Code
Rockford IL 61103-3655

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rockford Memorial Hospital Senior Vice President Administrative A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2011
Transaction ID : 19178607

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Mr. Henry Scybold

Mailing Address 529 South Summit Street

City State Zip Code
Barrington IL 60010-4413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rockford Memorial Hospital Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2011
Transaction ID : 19179486

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Ms. Helen M. Brooks

Mailing Address 2400 North Rockton Avenue

City State Zip Code
Rockford IL 61103-3655

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rockford Memorial Hospital Executive Director, Foundation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2011
Transaction ID : 19179488

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. William R. Dilts
 Full Name (Last, First, Middle Initial)
 Mailing Address 11873 Warblers Way
 City Roscoe State IL Zip Code 61073-7541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockford Memorial Hospital Occupation Vice President, Strategic Plng/Relatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2011
Transaction ID : 19179489
 Amount of Each Receipt this Period
 250.00

B. Mr. Gary E Kaatz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 North Rockton Avenue
 City Rockford State IL Zip Code 61103-3692
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockford Memorial Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2011
Transaction ID : 19179502
 Amount of Each Receipt this Period
 500.00

C. Mr. Phillip M Kambic
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 North Wall Street
 City Kankakee State IL Zip Code 60901-2901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riverside Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2011
Transaction ID : 19179503
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 117
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Alice Ackerman MD
Full Name (Last, First, Middle Initial)

Mailing Address 3905 Piney Ridge RD

City Roanoke	State VA	Zip Code 24033
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FEC ID number of contributing federal political committee. **C**

Name of Employer Carilion Clinic	Occupation Department Chair
-------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		03		2011

Transaction ID : 19179533

Amount of Each Receipt this Period

350.00

B. Mr. Carl Bahnlein
Full Name (Last, First, Middle Initial)

Mailing Address 1701 North George Mason Drive

City Arlington	State VA	Zip Code 22205-3698
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FEC ID number of contributing federal political committee. **C**

Name of Employer Virginia Hospital Center - Arlington	Occupation Executive Vice President and Chief Ope
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		03		2011

Transaction ID : 19179534

Amount of Each Receipt this Period

350.00

C. Ms. Sharon M. Bass Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 2619 Blue Herson Circle

City Roanoke	State VA	Zip Code 24018-5133
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FEC ID number of contributing federal political committee. **C**

Name of Employer Carilion Clinic	Occupation Vice President Imaging & Pharmacy
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		03		2011

Transaction ID : 19179535

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 117
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms Lori Brown

Mailing Address 40349 Braddock Rd

City State Zip Code
Aldie VA 20105-2719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Inova Health System Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
06 / 03 / 2011
Transaction ID : 19179536

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Mr. Ramon Darcey

Mailing Address 535 Independence Parkway Suite 200

City State Zip Code
Chesapeake VA 23320-5176

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sentara Healthcare Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
06 / 03 / 2011
Transaction ID : 19179537

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
C. Mr. Michael Dudley

Mailing Address 4417 Corporation Lane

City State Zip Code
Virginia Beach VA 23462-3162

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sentara Healthcare President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
06 / 03 / 2011
Transaction ID : 19179589

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 117
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Robert L Graves
Full Name (Last, First, Middle Initial)
Mailing Address 100 Sentara Circle

City Williamsburg	State VA	Zip Code 23188-5713
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FEC ID number of contributing federal political committee. **C**

Name of Employer Sentara Williamsburg Regional Medical	Occupation Vice President and Administrator
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2011

Transaction ID : 19179590

Amount of Each Receipt this Period
350.00

B. Mr. James E Haden
Full Name (Last, First, Middle Initial)
Mailing Address 459 Locust Avenue

City Charlottesville	State VA	Zip Code 22902-4808
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FEC ID number of contributing federal political committee. **C**

Name of Employer Martha Jefferson Hospital	Occupation President and Chief Executive Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2011

Transaction ID : 19179591

Amount of Each Receipt this Period
350.00

C. Ms. Kay Hix
Full Name (Last, First, Middle Initial)
Mailing Address 2784 Lakeview Road

City Troutville	State VA	Zip Code 24175-2750
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Carilion Clinic	Occupation Executive Director
-------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2011

Transaction ID : 19179593

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Walter J Kiwall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Sam Perry Boulevard
 City State Zip Code
 Fredericksburg VA 22401-3354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Stafford Hospital Executive Vice President and Chief Ope
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2011
Transaction ID : 19179594
 Amount of Each Receipt this Period
 350.00

B. Mr. Rob Lockridge
 Full Name (Last, First, Middle Initial)
 Mailing Address 14304 Horseshoe Ford Rd
 City State Zip Code
 Ashland VA 23005-3163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Virginia Medical Center Director, Government Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2011
Transaction ID : 19179595
 Amount of Each Receipt this Period
 350.00

C. Ms Darleen Mastin
 Full Name (Last, First, Middle Initial)
 Mailing Address 4748 Totteridge Lane
 City State Zip Code
 Virginia Beach VA 23462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sentara Healthcare Sr. Vice President/COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2011
Transaction ID : 19179597
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 117
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Sylvia Richendollar
 Full Name (Last, First, Middle Initial)
 Mailing Address 5466 Hunt Club Drive
 City Virginia Beach State VA Zip Code 23462-3413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sentara Norfolk General Hospital Occupation Director Laboratory Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2011
Transaction ID : 19179599
 Amount of Each Receipt this Period
 350.00

B. Ms Rachel Schneider
 Full Name (Last, First, Middle Initial)
 Mailing Address 2328 Santa Fe Drive
 City Virginia Beach State VA Zip Code 23456-6752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sentara Healthcare Occupation Director of Network Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2011
Transaction ID : 19179600
 Amount of Each Receipt this Period
 350.00

C. Mr. Larry M Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 Oak Park Boulevard
 City Lake Charles State LA Zip Code 70601-8911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Charles Memorial Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2011
Transaction ID : 19184659
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Clifford M Broussard
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Hospital Drive
 City State Zip Code
 Bossier City LA 71111-2385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WK Bossier Health Center Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2011
Transaction ID : 19184660
 Amount of Each Receipt this Period
 500.00

B. Ms Nancy Cassagne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 Medical Center Boulevard
 City State Zip Code
 Marrero LA 70072-3147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 West Jefferson Medical Center Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2011
Transaction ID : 19184661
 Amount of Each Receipt this Period
 500.00

C. Mr. John J Finan Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 4200 Essen Lane
 City State Zip Code
 Baton Rouge LA 70809-2196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Franciscan Missionaries of Our Lady He President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2011
Transaction ID : 19184662
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Mark E Marley
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 2009
 City State Zip Code
 Natchitoches LA 71457-2009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Natchitoches Regional Medical Center Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2011
Transaction ID : 19184663
 Amount of Each Receipt this Period
 500.00

B. Mr. James T Montgomery
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 Foucher Street
 City State Zip Code
 New Orleans LA 70115-3515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Touro Infirmary President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2011
Transaction ID : 19184768
 Amount of Each Receipt this Period
 500.00

C. Mr. James E Cathey Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2668
 City State Zip Code
 Hammond LA 70404-2668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 North Oaks Medical Center President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2011
Transaction ID : 19184769
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. M. Bryan Day
 Full Name (Last, First, Middle Initial)
 Mailing Address 3600 Florida Boulevard, 4th Floor
 City Baton Rouge State LA Zip Code 70806-3842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Promise Hospital of Baton Rouge Occupation Senior VicePresident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2011
Transaction ID : 19184770
 Amount of Each Receipt this Period
 250.00

B. Mr. Ricardo Guevara
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Henry Clay Avenue
 City New Orleans State LA Zip Code 70118-5798
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Hospital Occupation Vice President Legal Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2011
Transaction ID : 19184771
 Amount of Each Receipt this Period
 250.00

C. Dr. Patrick J Quinlan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1514 Jefferson Highway
 City New Orleans State LA Zip Code 70121-2484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Health System Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2011
Transaction ID : 19184772
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Warner L Thomas

Mailing Address 1514 Jefferson Highway

City State Zip Code
New Orleans LA 70121-2429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ochsner Health System President and Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2011
Transaction ID : 19184847

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Timothy O Coffey

Mailing Address 1701 Oak Park Boulevard

City State Zip Code
Lake Charles LA 70601-8911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lake Charles Memorial Hospital Senior Vice President Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2011
Transaction ID : 19184848

Amount of Each Receipt this Period
225.00

Full Name (Last, First, Middle Initial)
C. Mr. Todd Delahoussaye MBA

Mailing Address 1701 Oak Park Boulevard

City State Zip Code
Lake Charles LA 70601-8911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lake Charles Memorial Hospital Sr. VP, Specialty & Physician Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2011
Transaction ID : 19184849

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Bernita Loyd , LD, LDN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 Oak Park Blvd
 City Lake Charles State LA Zip Code 70601-8911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Charles Memorial Hospital Occupation Vice President, Support Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2011
Transaction ID : 19184850
 Amount of Each Receipt this Period
 225.00

B. Dr. Kevin Mocklin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 Oak Park Boulevard
 City Lake Charles State LA Zip Code 70601-8911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Charles Memorial Hospital Occupation Director Medical Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2011
Transaction ID : 19184851
 Amount of Each Receipt this Period
 225.00

C. Mr David Usher , FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Drawer 'M'
 City Lake Charles State LA Zip Code 70602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Charles Memorial Hospital Occupation Senior Vice President, Business Develo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2011
Transaction ID : 19184852
 Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional).....▶	675.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Charles P Whitson
Full Name (Last, First, Middle Initial)

Mailing Address 1701 Oak Park Boulevard

City Lake Charles	State LA	Zip Code 70601-8911
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Lake Charles Memorial Hospital	Occupation Senior Vice President Finance
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2011

Transaction ID : 19184853

Amount of Each Receipt this Period

225.00

B. Mr. Robert L Hawley Jr
Full Name (Last, First, Middle Initial)

Mailing Address 1001 Gause Boulevard

City Slidell	State LA	Zip Code 70458-2987
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Slidell Memorial Hospital	Occupation Former - Chief Executive Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2011

Transaction ID : 19184871

Amount of Each Receipt this Period

50.00

C. Mr. John Hanshaw
Full Name (Last, First, Middle Initial)

Mailing Address 6985 Union Park Ctr Ste 550

City Midvale	State UT	Zip Code 84047-4177
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HCA	Occupation President
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2011

Transaction ID : 19189026

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Thomas A Biga
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Highand Avenue
 City Fair Haven State NJ Zip Code 07704-3620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Barnabas Health Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : 19192471
 Amount of Each Receipt this Period
 1000.00

B. Dr. Richard Aubut
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Fogg Road
 City South Weymouth State MA Zip Code 02190-2432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Shore Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : 19192585
 Amount of Each Receipt this Period
 750.00

C. Dr. Howard R Grant
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Mall Road
 City Burlington State MA Zip Code 01805-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lahey Clinic Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : 19192587
 Amount of Each Receipt this Period
 375.00

SUBTOTAL of Receipts This Page (optional).....▶	2125.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Robert A Gundersen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 Washington Street
 City Braintree State MA Zip Code 02184-8658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Hospital Northeast-Braintree Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : 19192588
 Amount of Each Receipt this Period
 562.50

B. Ms. Kathleen Jose MSN
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Mall Rd
 City Burlington State MA Zip Code 01805-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lahey Clinic Hospital Occupation Sr VP, Nursing Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : 19192589
 Amount of Each Receipt this Period
 112.50

C. Mr. Karl B Gills
 Full Name (Last, First, Middle Initial)
 Mailing Address 1024 Central Park Drive
 City Steamboat Springs State CO Zip Code 80487-8813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yampa Valley Medical Center Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : 19192592
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 925.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Victor A Broccolino
Full Name (Last, First, Middle Initial)
Mailing Address 5755 Cedar Lane

City Columbia	State MD	Zip Code 21044-2999
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Howard County General Hospital	Occupation President and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2011

Transaction ID : 19192603

Amount of Each Receipt this Period

340.00

B. Mr. Ronald R Peterson
Full Name (Last, First, Middle Initial)
Mailing Address 733 North Broadway, BRB 104

City Baltimore	State MD	Zip Code 21205
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Johns Hopkins Health System	Occupation President
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2011

Transaction ID : 19192630

Amount of Each Receipt this Period

255.00

C. Mr. Michael B Robbins
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 8207

City Elkridge	State MD	Zip Code 21075-8207
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Maryland Hospital Association	Occupation Senior Vice President
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2011

Transaction ID : 19192632

Amount of Each Receipt this Period

510.00

SUBTOTAL of Receipts This Page (optional).....▶	1105.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Cynthia M Grueber
 Full Name (Last, First, Middle Initial)
 Mailing Address 3181 SW Sam Jackson Park Road
 City Portland State OR Zip Code 97239-3011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OHSU Hospital Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2011
Transaction ID : 19192649
 Amount of Each Receipt this Period
 250.00

B. Mr. Roy G Vinyard
 Full Name (Last, First, Middle Initial)
 Mailing Address 2650 Siskiyou Boulevard, Suite 200
 City Medford State OR Zip Code 97504-8170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Asante Health System Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2011
Transaction ID : 19192652
 Amount of Each Receipt this Period
 500.00

C. Mr. Terry Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 640 South State Street
 City Dover State DE Zip Code 19901-3597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bayhealth Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2011
Transaction ID : 19192658
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Donald R Avery
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1408

City State Zip Code
Dublin GA 31040-1408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Fairview Park Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 13 / 2011
Transaction ID : 19192679

Amount of Each Receipt this Period
250.00

B. Ms. Jean Aycock
Full Name (Last, First, Middle Initial)

Mailing Address 821 North Cobb Street

City State Zip Code
Milledgeville GA 31061-2343

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Oconee Regional Health System President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 13 / 2011
Transaction ID : 19192680

Amount of Each Receipt this Period
500.00

C. Mr. Kevin Bierschenk
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 4309

City State Zip Code
Eastman GA 31023-4309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Dodge County Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 13 / 2011
Transaction ID : 19192681

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Lance B Duke
Full Name (Last, First, Middle Initial)

Mailing Address 707 Center Street, Suite 400

City Columbus	State GA	Zip Code 31901-1575
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Columbus Regional Healthcare System	Occupation President and Chief Executive Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2011

Transaction ID : 19192687

Amount of Each Receipt this Period
250.00

B. Mr. Lex S Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 1923 South Utica Avenue

City Tulsa	State OK	Zip Code 74104-6502
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Marian Health System	Occupation Chief Financial Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2011

Transaction ID : 19192728

Amount of Each Receipt this Period
250.00

C. Mr. Chris Hammes
Full Name (Last, First, Middle Initial)

Mailing Address 3300 NW Expressway

City Oklahoma City	State OK	Zip Code 73112-4418
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Integrus Baptist Medical Center	Occupation President
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2011

Transaction ID : 19192729

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Debra K Boardman
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 East 34th Street
 City Hibbing State MN Zip Code 55746-2341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairview Range Regional Health Service Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2011
Transaction ID : 19192774
 Amount of Each Receipt this Period
 250.00

B. Ms. Sharon P. Andre
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 9010
 City Stuart State FL Zip Code 34995-9010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Martin Memorial Health Systems Occupation Admin Director, Ed., Diabetes & OH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2011
Transaction ID : 19192797
 Amount of Each Receipt this Period
 250.00

C. Mr. John R. Brownlow
 Full Name (Last, First, Middle Initial)
 Mailing Address 5608 Bear Lake Circle
 City Apopka State FL Zip Code 32703-1916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Hospital Occupation Sr. Vice President, Managed Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2011
Transaction ID : 19192800
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Timothy W Cook
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 9400

City Sebring State FL Zip Code 33871-9400

FEC ID number of contributing federal political committee. **C**

Name of Employer Florida Hospital Heartland Medical Cen Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 15 / 2011
Transaction ID : 19192803

Amount of Each Receipt this Period
500.00

B. Mr Frances Crunk
Full Name (Last, First, Middle Initial)

Mailing Address 2880 David Walker Dr #333

City Eustis State FL Zip Code 32726-6172

FEC ID number of contributing federal political committee. **C**

Name of Employer Florida Hospital Waterman Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 15 / 2011
Transaction ID : 19192804

Amount of Each Receipt this Period
250.00

C. Mr. Bill Ellis
Full Name (Last, First, Middle Initial)

Mailing Address 6450 US Highway 1

City Rockledge State FL Zip Code 32955-5747

FEC ID number of contributing federal political committee. **C**

Name of Employer Health First, Inc. Occupation Vice President Government and Industry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 15 / 2011
Transaction ID : 19192823

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 117
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Richard M Irwin Jr
Full Name (Last, First, Middle Initial)

Mailing Address 10000 West Colonial Drive

City Ocoee State FL Zip Code 34761-3493

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Central Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2011

Transaction ID : 19192826

Amount of Each Receipt this Period
 700.00

B. Mr. George Mikitarian Jr
Full Name (Last, First, Middle Initial)

Mailing Address 951 North Washington Avenue

City Titusville State FL Zip Code 32796-2163

FEC ID number of contributing federal political committee. **C**

Name of Employer Parrish Medical Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2011

Transaction ID : 19192830

Amount of Each Receipt this Period
 250.00

C. Mr. James R Nathan
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 2218

City Fort Myers State FL Zip Code 33902-2218

FEC ID number of contributing federal political committee. **C**

Name of Employer Lee Memorial Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2011

Transaction ID : 19193023

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1950.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Gregory P. Ohe

Mailing Address 10000 West Colonial Drive

City State Zip Code
Ocoee FL 34761-3493

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Health Central Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 15 / 2011
Transaction ID : 19193024

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Zeff Ross

Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Memorial Regional Hospital Senior Vice President and Chief Execut

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 15 / 2011
Transaction ID : 19193026

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Ms. Deanna Schaeffer

Mailing Address 400 N. Clyde Morris Blvd

City State Zip Code
Daytona Beach FL 32114-2731

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Halifax Health Medical Center of Dayto CEO, Healthy Communities & GR Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 15 / 2011
Transaction ID : 19193027

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 117
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Camilla Schmitz
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 391

City Chipley	State FL	Zip Code 32428-0391
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Florida Community Hospital	Occupation Chief Financial Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2011

Transaction ID : 19193028

Amount of Each Receipt this Period
500.00

B. Mr. Andrew Stein
Full Name (Last, First, Middle Initial)
Mailing Address 3315 Harbour Place

City Panama City	State FL	Zip Code 32405-1638
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Bay Medical Center	Occupation Board Trustee
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2011

Transaction ID : 19193064

Amount of Each Receipt this Period
250.00

C. Mr. Daryl Tol
Full Name (Last, First, Middle Initial)
Mailing Address 701 West Plymouth Avenue

City Deland	State FL	Zip Code 32720-3236
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Florida Hospital DeLand	Occupation President and Chief Executive Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2011

Transaction ID : 19193066

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Steve Truluck
Full Name (Last, First, Middle Initial)

Mailing Address 9798 NW CR 241

City Lake Butler State FL Zip Code 32054

FEC ID number of contributing federal political committee. **C**

Name of Employer Shands at the University of Florida Occupation Director Safety Security & Transportat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 15 / 2011
Transaction ID : 19193067

Amount of Each Receipt this Period
250.00

B. Dr. Allen S Weiss
Full Name (Last, First, Middle Initial)

Mailing Address 350 Seventh Street North

City Naples State FL Zip Code 34102-5754

FEC ID number of contributing federal political committee. **C**

Name of Employer NCH Downtown Naples Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
06 / 15 / 2011
Transaction ID : 19193068

Amount of Each Receipt this Period
1000.00

C. Mr. John F Wilbanks
Full Name (Last, First, Middle Initial)

Mailing Address 800 Prudential Drive

City Jacksonville State FL Zip Code 32207-8202

FEC ID number of contributing federal political committee. **C**

Name of Employer Baptist Health Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 15 / 2011
Transaction ID : 19193069

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Eileen Dohmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 6508 Flowerdew Hundred Ct.
 City State Zip Code
 Centreville VA 20120-3755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mary Washington Hospital Vice President, Nursing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2011
Transaction ID : 19193261
 Amount of Each Receipt this Period
 350.00

B. Ms. Amy Adome
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Sam Perry Blvd.
 City State Zip Code
 Fredericksburg VA 22401-4453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medicorp Health System Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2011
Transaction ID : 19193332
 Amount of Each Receipt this Period
 350.00

C. Mr. William D Jacobsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 Floyd Avenue
 City State Zip Code
 Rocky Mount VA 24151-1318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carilion Franklin Memorial Hospital Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2011
Transaction ID : 19193334
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 117
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Scott A Miller

Mailing Address 1521 Sea Breeze Tr

City Virginia Beach State VA Zip Code 23452-4742

FEC ID number of contributing federal political committee. **C**

Name of Employer Sentara Healthcare Occupation Vice President Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2011

Transaction ID : 19193335

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Ms. Melina Dee Perdue

Mailing Address 101 Elm Avenue SE

City Roanoke State VA Zip Code 24013-2222

FEC ID number of contributing federal political committee. **C**

Name of Employer Carilion Clinic Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2011

Transaction ID : 19193336

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
C. Ms. Melissa Smith

Mailing Address 11325 Bright Pond Lane

City Reston State VA Zip Code 20194-1006

FEC ID number of contributing federal political committee. **C**

Name of Employer Mary Washington Healthcare Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2011

Transaction ID : 19193339

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1050.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. David L Ramsey
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1547

City Charleston State WV Zip Code 25326-1547

FEC ID number of contributing federal political committee. **C**

Name of Employer Charleston Area Medical Center Health Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 20 / 2011
Transaction ID : 19193341

Amount of Each Receipt this Period 500.00

B. Mr. Jeffrey Matton
Full Name (Last, First, Middle Initial)

Mailing Address 1132 Nichols Ct.

City Millersville State MD Zip Code 21108-2152

FEC ID number of contributing federal political committee. **C**

Name of Employer Good Samaritan Hospital of Maryland Occupation Senior Vice President and COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 408.00

Date of Receipt 06 / 20 / 2011
Transaction ID : 19193447

Amount of Each Receipt this Period 408.00

C. Ms. Paula Minnehan
Full Name (Last, First, Middle Initial)

Mailing Address 283 Gallopiny Hill Road

City Hopkinton State NH Zip Code 03229-3402

FEC ID number of contributing federal political committee. **C**

Name of Employer New Hampshire Hospital Association Occupation V.P., Finance and Rural Hospitals

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 06 / 20 / 2011
Transaction ID : 19194561

Amount of Each Receipt this Period 14.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 922.50

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Stephen M. Ahnen
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Airport Road
 City State Zip Code
 Concord NH 03301-7300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New Hampshire Hospital Association President and CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 583.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2011
Transaction ID : 19194562
 Amount of Each Receipt this Period
 41.64

B. Ms. Pamala Maples
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 428
 City State Zip Code
 Jackson WY 83001-0428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. John's Medical Center and Living C Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2011
Transaction ID : 19194565
 Amount of Each Receipt this Period
 250.00

C. Mr. Paul Janke
 Full Name (Last, First, Middle Initial)
 Mailing Address 1775 Thompson Road
 City State Zip Code
 Coos Bay OR 97420-2125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bay Area Hospital President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2011
Transaction ID : 19194568
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 791.64
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Dennis J Doran
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 South Dellwood Street
 City Cambridge State MN Zip Code 55008-1920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cambridge Medical Center Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 06 / 20 / 2011
Transaction ID : 19194572
 Amount of Each Receipt this Period
 250.00

B. Mr. Jeffrey Lockhart
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 Raynes Neck Rd
 City York State ME Zip Code 03909-5036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer York Hospital Occupation Director Surgery, Special Procedures
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 06 / 07 / 2011
Transaction ID : 19194596
 Amount of Each Receipt this Period
 500.00

C. Mr. Steven R Michaud
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Fuller Road
 City Augusta State ME Zip Code 04330-4910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maine Hospital Association Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 06 / 13 / 2011
Transaction ID : 19194604
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Sean J. Hopkins
Full Name (Last, First, Middle Initial)

Mailing Address 6180 Lower Mountain Road

City New Hope	State PA	Zip Code 18938-5760
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer New Jersey Hospital Association	Occupation Sr. VP., Health Economics
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : 19194924

Amount of Each Receipt this Period
5.00

B. Ms. Deborah Zastocki
Full Name (Last, First, Middle Initial)

Mailing Address 97 West Parkway

City Pompton Plains	State NJ	Zip Code 07444-1647
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Chilton Memorial Hospital	Occupation President and Chief Executive Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : 19194940

Amount of Each Receipt this Period
500.00

c. Ms. Laura D. Appel
Full Name (Last, First, Middle Initial)

Mailing Address 224 Vicksburg

City Lansing	State MI	Zip Code 48917-9607
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Michigan Health & Hospital Association	Occupation Vice President, Federal Policy & Advoc
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2011

Transaction ID : 19194945

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1005.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Sally L Berglin		Date of Receipt MM / DD / YYYY 06 / 23 / 2011 Transaction ID : 19194947
Mailing Address P O Box 209		Amount of Each Receipt this Period 275.00
City Paw Paw	State MI	Zip Code 49079-0209
FEC ID number of contributing federal political committee. C	Name of Employer Bronson LakeView Hospital	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Mr. James Bosscher		Date of Receipt MM / DD / YYYY 06 / 23 / 2011 Transaction ID : 19194949
Mailing Address 27870 Cabot Drive		Amount of Each Receipt this Period 250.00
City Novi	State MI	Zip Code 48377-2920
FEC ID number of contributing federal political committee. C	Name of Employer Trinity Health	Occupation Vice President, Treasury
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr David J Campbell		Date of Receipt MM / DD / YYYY 06 / 23 / 2011 Transaction ID : 19194950
Mailing Address 27 Oxford Road		Amount of Each Receipt this Period 250.00
City Grosse Pointe Shores	State MI	Zip Code 48236-1835
FEC ID number of contributing federal political committee. C	Name of Employer Oakwood Healthcare, Inc.	Occupation Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	775.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. James M Connelly
Full Name (Last, First, Middle Initial)
Mailing Address 7123 Kennoway Court

City West Bloomfield	State MI	Zip Code 48322-3276
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Henry Ford Health System	Occupation Executive Vice President Finance and A
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2011

Transaction ID : 19194951

Amount of Each Receipt this Period
250.00

B. Mr. William Conway
Full Name (Last, First, Middle Initial)
Mailing Address 998 Brookwood St.

City Birmingham	State MI	Zip Code 48009-1102
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Henry Ford Health System	Occupation Administrator
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2011

Transaction ID : 19194952

Amount of Each Receipt this Period
250.00

C. Mr Van Conway
Full Name (Last, First, Middle Initial)
Mailing Address 401 S Old Woodward, Suite 340

City Birmingham	State MI	Zip Code 48009-6621
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Beaumont Health System	Occupation Trustee
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2011

Transaction ID : 19194953

Amount of Each Receipt this Period
2100.00

SUBTOTAL of Receipts This Page (optional).....	2600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Beverly Erickson		Date of Receipt MM / DD / YYYY 06 / 23 / 2011 Transaction ID : 19194956
Mailing Address 1841 Maryland Blvd		Amount of Each Receipt this Period 250.00
City Birmingham	State MI	Zip Code 48009-4119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Trinity Health	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Garry C Faja		Date of Receipt MM / DD / YYYY 06 / 23 / 2011 Transaction ID : 19194958
Mailing Address 400 West Russell Street		Amount of Each Receipt this Period 1000.00
City Saline	State MI	Zip Code 48176-1183
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer St. Joseph Mercy Saline Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. James B Falahee Jr		Date of Receipt MM / DD / YYYY 06 / 23 / 2011 Transaction ID : 19194959
Mailing Address 7463 Cottage Oak Drive		Amount of Each Receipt this Period 325.00
City Portage	State MI	Zip Code 49024-2352
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Bronson Healthcare Group Inc	Occupation Senior Vice President Legal and Legislat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	1575.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Alice Gerard
 Full Name (Last, First, Middle Initial)
 Mailing Address 3231 Bangor Rd.
 City Bay City State MI Zip Code 48706-1852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bay Regional Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19194960
 Amount of Each Receipt this Period
 990.00

B. Mr. Peter Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 2233 Quarry Road
 City East Lansing State MI Zip Code 48823-7234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sparrow Hospital Occupation Vice President, Sparrow Medical Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19194961
 Amount of Each Receipt this Period
 375.00

C. Mr. John T. Hayden
 Full Name (Last, First, Middle Initial)
 Mailing Address 5864 Blue Jay Drive
 City Kalamazoo State MI Zip Code 49009-0800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bronson Healthcare Group Inc Occupation Vice President Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19194964
 Amount of Each Receipt this Period
 325.00

SUBTOTAL of Receipts This Page (optional).....▶	1690.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Michael Haynes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13144 Balfour Ave
 City State Zip Code
 Huntington Woods MI 48070-1701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. John Hospital and Medical Center Chief Medical Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19194965
 Amount of Each Receipt this Period
 250.00

B. Dr. Harry N. Herkowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2700 W. Long Lake Rd.
 City State Zip Code
 West Bloomfield MI 48323-1832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Beaumont Health System Chairman of Orthopaedic Surgery
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19194967
 Amount of Each Receipt this Period
 500.00

C. Mr. Dennis R Herrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 1450 Redding
 City State Zip Code
 Birmingham MI 48009-1027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Beaumont Health System Senior Vice President and Chief Financ
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19194968
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Donna Hoban
 Full Name (Last, First, Middle Initial)
 Mailing Address 81 Handy Road
 City State Zip Code
 Grosse Pointe Farms MI 48236-3808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Beaumont Health System Senior Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19194969
 Amount of Each Receipt this Period
 250.00

B. Mr. Robert Hoban
 Full Name (Last, First, Middle Initial)
 Mailing Address 911 Balfour
 City State Zip Code
 Grosse Pointe Park MI 48230-1815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. John Providence Health System Sr. Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19194970
 Amount of Each Receipt this Period
 250.00

C. Mr. Charles Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2440 Antietam Drive
 City State Zip Code
 Ann Arbor MI 48105-1471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Joseph Mercy Livingston Hospital Vice President Financial Services and
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19194971
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Victoria Hollingsworth

Mailing Address 1255 Concord

City Rochester Hills State MI Zip Code 48309-2859

FEC ID number of contributing federal political committee. **C**

Name of Employer Beaumont Health System Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 23 / 2011

Transaction ID : 19194972

Amount of Each Receipt this Period
375.00

Full Name (Last, First, Middle Initial)
B. Mr. David B. Jahn

Mailing Address 3341 Lakeshore Drive

City Sault Sainte Marie State MI Zip Code 49783-1111

FEC ID number of contributing federal political committee. **C**

Name of Employer War Memorial Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 23 / 2011

Transaction ID : 19194974

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. John L. Jones Jr.

Mailing Address 1814 Hazel Avenue

City Kalamazoo State MI Zip Code 49008-2844

FEC ID number of contributing federal political committee. **C**

Name of Employer Bronson Healthcare Group Inc Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 23 / 2011

Transaction ID : 19194975

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1150.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Peter Karadjoff

Mailing Address 304 Fairway Court

City State Zip Code
St. Clair MI 48079-3570

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. Joseph Mercy Port Huron President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19194976

Amount of Each Receipt this Period
475.00

Full Name (Last, First, Middle Initial)
B. Ms. Cheryl Knapp

Mailing Address 7183 Cross Country Drive

City State Zip Code
Kalamazoo MI 49009-7588

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bronson Healthcare Group Inc Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19194978

Amount of Each Receipt this Period
225.00

Full Name (Last, First, Middle Initial)
C. Dr. Scott Larson MD

Mailing Address 1531 Academy Street

City State Zip Code
Kalamazoo MI 49006-4400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bronson Healthcare Group Inc Senior Vice President Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19194980

Amount of Each Receipt this Period
325.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1025.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. William J Mayer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3521 Whistling Ln.
 City Portage State MI Zip Code 49024-5513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bronson Healthcare Group Inc Occupation Vice President Medical Staff Clinical
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19194984
 Amount of Each Receipt this Period
 275.00

B. Ms. Mary M. Meitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 11425 Long Point Dr.
 City Plainwell State MI Zip Code 49080-9265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bronson Healthcare Group Inc Occupation Vice President, Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19194986
 Amount of Each Receipt this Period
 225.00

C. Dr Duane Mezwa
 Full Name (Last, First, Middle Initial)
 Mailing Address 3250 Wauil Ridge Circle
 City Rochester Hills State MI Zip Code 48309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaumont Health System Occupation Vice Chief of Diagnostic Radiology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19194987
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 117
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Dr. Paul Misch		Date of Receipt MM / DD / YYYY 06 / 23 / 2011 Transaction ID : 19194988
Mailing Address 1618 Stony Creek Drive		Amount of Each Receipt this Period 375.00
City Rochester	State MI	Zip Code 48307-1783
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Beaumont Hospital - Troy	Occupation Senior Vice President and Medical Dire	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Ms. Denise Neely RN		Date of Receipt MM / DD / YYYY 06 / 23 / 2011 Transaction ID : 19194991
Mailing Address 11808 S 26th Street		Amount of Each Receipt this Period 225.00
City Vicksburg	State MI	Zip Code 49097-8366
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Bronson Healthcare Group Inc	Occupation Director of Pain Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Mr. Charles Nelson		Date of Receipt MM / DD / YYYY 06 / 23 / 2011 Transaction ID : 19194992
Mailing Address 205 Osceola Street		Amount of Each Receipt this Period 250.00
City Laurium	State MI	Zip Code 49913-2134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Aspirus Keweenaw Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr Anthony Oliva
 Full Name (Last, First, Middle Initial)
 Mailing Address 10621 Bear Lake Trail
 City Portage State MI Zip Code 49024-6207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Borgess Health Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19194993
 Amount of Each Receipt this Period
 250.00

B. Mr. Christopher Palazzolo
 Full Name (Last, First, Middle Initial)
 Mailing Address 3260 Charwood Dr.
 City Rochester Hills State MI Zip Code 48306-3614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Genesys Health System Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19194994
 Amount of Each Receipt this Period
 250.00

C. Mr. Steve Paulus
 Full Name (Last, First, Middle Initial)
 Mailing Address 17020 Carriage Way
 City Northville State MI Zip Code 48168-6602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Joseph Mercy Hospital Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19194995
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Michelle Serbenski Pelletier		Date of Receipt MM / DD / YYYY 06 / 23 / 2011 Transaction ID : 19194996
Mailing Address 51255 38th Street		Amount of Each Receipt this Period 225.00
City Paw Paw	State MI	Zip Code 49079-8315
FEC ID number of contributing federal political committee. C	Name of Employer Bronson Healthcare Group Inc	Occupation Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Ms. Annette S Phillips		Date of Receipt MM / DD / YYYY 06 / 23 / 2011 Transaction ID : 19194997
Mailing Address 718 North Macomb Street		Amount of Each Receipt this Period 500.00
City Monroe	State MI	Zip Code 48162-7815
FEC ID number of contributing federal political committee. C	Name of Employer Mercy Memorial Hospital System	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. John J. Polanski		Date of Receipt MM / DD / YYYY 06 / 23 / 2011 Transaction ID : 19194999
Mailing Address 32551 Myrna		Amount of Each Receipt this Period 250.00
City Livonia	State MI	Zip Code 48154-2911
FEC ID number of contributing federal political committee. C	Name of Employer Henry Ford Health System	Occupation Group Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	975.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. John Popovich Jr., MD
Full Name (Last, First, Middle Initial)

Mailing Address 264 Chesterfield Avenue

City Birmingham State MI Zip Code 48009-1285

FEC ID number of contributing federal political committee. **C**

Name of Employer Henry Ford Health System Occupation Physician/Hospital Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2011
Transaction ID : 19195000

Amount of Each Receipt this Period 250.00

B. Dr. Larry Rawsthorne MD
Full Name (Last, First, Middle Initial)

Mailing Address 1215 East Michigan Avenue

City Lansing State MI Zip Code 48912-1811

FEC ID number of contributing federal political committee. **C**

Name of Employer Sparrow Health System Occupation Senior Vice President Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 23 / 2011
Transaction ID : 19195003

Amount of Each Receipt this Period 375.00

C. Ms. Sue Reinoehl
Full Name (Last, First, Middle Initial)

Mailing Address 8804 Weeping Pine Ln

City Kalamazoo State MI Zip Code 49009-6733

FEC ID number of contributing federal political committee. **C**

Name of Employer Bronson Healthcare Group Inc Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2011
Transaction ID : 19195004

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Donna Roach
 Full Name (Last, First, Middle Initial)
 Mailing Address 2662 Innisbrook Drive
 City Portage State MI Zip Code 49024-7872
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bronson Healthcare Group Inc Occupation CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 06 / 23 / 2011
Transaction ID : 19195005
 Amount of Each Receipt this Period
 300.00

B. Mr. Joseph Ruth
 Full Name (Last, First, Middle Initial)
 Mailing Address 6480 Kernwood
 City East Lansing State MI Zip Code 48823-9432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sparrow Hospital Occupation Executive Vice President and Chief Ope
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 06 / 23 / 2011
Transaction ID : 19195007
 Amount of Each Receipt this Period
 300.00

C. Mr. James J Sexton
 Full Name (Last, First, Middle Initial)
 Mailing Address 27100 Loma Court
 City Grosse Ile State MI Zip Code 48138-2170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry Ford Wyandotte Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 06 / 23 / 2011
Transaction ID : 19195011
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Camille Shy

Mailing Address 13200 Cambridge Court

City Plymouth	State MI	Zip Code 48170-3099
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Joseph Mercy Hospital	Occupation Vice President Development
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2011

Transaction ID : 19195012

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Joseph R Swedish

Mailing Address 27870 Cabot Drive

City Novi	State MI	Zip Code 48377-2920
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Trinity Health	Occupation President and Chief Executive Officer
------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2011

Transaction ID : 19195016

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. Kenneth L Taft

Mailing Address 301 John Street

City Kalamazoo	State MI	Zip Code 49007-5295
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FEC ID number of contributing federal political committee. **C**

Name of Employer Bronson Healthcare Group Inc	Occupation Executive Vice President and Chief Ope
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2011

Transaction ID : 19195017

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Robert S. Taubman
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 East Long Lake Road
 City Bloomfield Hills State MI Zip Code 48304-2314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Taubman Center/William Beaumont Hospit Occupation Trustee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19195018
 Amount of Each Receipt this Period
 500.00

B. Mr. Randall J Wagner
 Full Name (Last, First, Middle Initial)
 Mailing Address 4691 Old Grand River Tr
 City Ada State MI Zip Code 49301-8614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Mary's Health Care Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19195022
 Amount of Each Receipt this Period
 250.00

C. Mr. Sam R. Watson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1240 E. Mill Street
 City Hastings State MI Zip Code 49058-9185
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Health & Hospital Association Occupation Associate Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19195023
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Mike Way
Full Name (Last, First, Middle Initial)

Mailing Address 7049 Turkey Glen Trail

City Kalamazoo State MI Zip Code 49009-7031

FEC ID number of contributing federal political committee. **C**

Name of Employer Bronson Healthcare Group Inc Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2011

Transaction ID : 19195024

Amount of Each Receipt this Period
 250.00

B. Mr. Jack Weiner
Full Name (Last, First, Middle Initial)

Mailing Address 44405 Woodward Avenue

City Pontiac State MI Zip Code 48341-5023

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Joseph Mercy Oakland Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2011

Transaction ID : 19195025

Amount of Each Receipt this Period
 500.00

C. Dr. Michael C. Wiemann M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 5748 Heatherfield Court

City West Bloomfield State MI Zip Code 48322-1333

FEC ID number of contributing federal political committee. **C**

Name of Employer St. John Providence Health System Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2011

Transaction ID : 19195027

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Lawrence Wilhite
Full Name (Last, First, Middle Initial)

Mailing Address 1215 East Michigan Avenue

City State Zip Code
Lansing MI 48912-1811

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sparrow Health System Vice President Legal and Risk Manageme

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2011

Transaction ID : 19195028

Amount of Each Receipt this Period
250.00

B. Mr. Scott Wilkerson
Full Name (Last, First, Middle Initial)

Mailing Address 4094 Breakwater Dr.

City State Zip Code
Okemos MI 48864-4410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sparrow Hospital President, Physicians Health Plan

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2011

Transaction ID : 19195029

Amount of Each Receipt this Period
250.00

C. Mr. Samuel Yamin
Full Name (Last, First, Middle Initial)

Mailing Address 5532 Lakeview Dr.

City State Zip Code
Bloomfield MI 48302-2728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Beaumont Health System Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2011

Transaction ID : 19195032

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Keith A. Hovan
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 Marys Pond Rd
 City Rochester State MA Zip Code 02770-4012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southcoast Hospitals Group Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011
Transaction ID : 19195062
 Amount of Each Receipt this Period
 375.00

B. Mr. Louis J Woolf
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Centre Street
 City Boston State MA Zip Code 02131-1011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hebrew Rehabilitation Center Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011
Transaction ID : 19195072
 Amount of Each Receipt this Period
 262.50

C. Mrs. Kathleen Harrelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6181 Karabrook Court
 City Kalamazoo State MI Zip Code 49009-8961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bronson Healthcare Group Inc Occupation Vice President of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19195073
 Amount of Each Receipt this Period
 275.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 912.50
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Joseph L Woodin		Date of Receipt MM / DD / YYYY 06 / 21 / 2011 Transaction ID : 19195077
Mailing Address P O Box 2000		Amount of Each Receipt this Period 350.00
City Randolph	State VT	Zip Code 05060-2000
FEC ID number of contributing federal political committee. C	Name of Employer Gifford Medical Center	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Ms Karen Perdue		Date of Receipt MM / DD / YYYY 06 / 21 / 2011 Transaction ID : 19195845
Mailing Address 943 West 6th Avenue, Suite 120		Amount of Each Receipt this Period 1000.00
City Anchorage	State AK	Zip Code 99501-2033
FEC ID number of contributing federal political committee. C	Name of Employer Alaska State Hospital and Nursing Home	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. David Ross		Date of Receipt MM / DD / YYYY 06 / 21 / 2011 Transaction ID : 19195848
Mailing Address 172 Kinsley Street		Amount of Each Receipt this Period 500.00
City Nashua	State NH	Zip Code 03060-3648
FEC ID number of contributing federal political committee. C	Name of Employer St. Joseph Hospital	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1850.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Nancy A. Formella
 Full Name (Last, First, Middle Initial)
 Mailing Address One Medical Center Drive
 City Lebanon State NH Zip Code 03756-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dartmouth-Hitchcock Medical Center Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2011
Transaction ID : 19195850
 Amount of Each Receipt this Period
 350.00

B. Mr. Gregory J Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 789 Central Avenue
 City Dover State NH Zip Code 03820-2526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wentworth-Douglass Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2011
Transaction ID : 19195851
 Amount of Each Receipt this Period
 350.00

C. Mr. John W Bluford
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 Holmes Street
 City Kansas City State MO Zip Code 64108-2640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Truman Medical Centers Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2011
Transaction ID : 19195867
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Ronald B Ashworth
Full Name (Last, First, Middle Initial)

Mailing Address 14528 South Outer 40, Suite 100

City Chesterfield	State MO	Zip Code 63017-5743
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Health	Occupation Chair
----------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2011

Transaction ID : 19195868

Amount of Each Receipt this Period
250.00

B. Ms. Liza Jensen
Full Name (Last, First, Middle Initial)

Mailing Address 8109 Fredericksburg Rd

City San Antonio	State TX	Zip Code 78229-3311
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Methodist Specialty and Transplant Hos	Occupation Executive Director, Department of Psyc
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2011

Transaction ID : 19195870

Amount of Each Receipt this Period
350.00

C. Dr. Stuart Buttlair
Full Name (Last, First, Middle Initial)

Mailing Address 1950 Franklin Street
4th Floor

City Oakland	State CA	Zip Code 94612-5190
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Foundation Hospitals	Occupation Regional Dir of Inpatient Psychiatry
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2011

Transaction ID : 19195890

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Debra A Flores

Mailing Address 3000 Coliseum Drive

City State Zip Code
Hampton VA 23666-5963

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sentara CarePlex Hospital President and Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19195908

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Mr. Dougal Hewitt

Mailing Address 8260 Atlee Road

City State Zip Code
Mechanicsville VA 23116-1844

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Memorial Regional Medical Center Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19195910

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
C. Ms. Shirley Holland

Mailing Address 161 Lila Lane

City State Zip Code
Boones Mill VA 24065-3749

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carilion Clinic Vice President/Strategic Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2011
Transaction ID : 19195911

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. David Jenkins
Full Name (Last, First, Middle Initial)

Mailing Address 2620 Pleasant Run Drive

City Richmond State VA Zip Code 23233-2114

FEC ID number of contributing federal political committee. **C**

Name of Employer Virginia Hospital & Healthcare Associa Occupation Director of Human Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 23 / 2011
Transaction ID : 19195912

Amount of Each Receipt this Period 200.00

B. Mr. Randall L Kelley
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 6000

City Leesburg State VA Zip Code 20177-0600

FEC ID number of contributing federal political committee. **C**

Name of Employer Inova Loudoun Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 23 / 2011
Transaction ID : 19195925

Amount of Each Receipt this Period 350.00

C. Ms. Genemarie P McGee
Full Name (Last, First, Middle Initial)

Mailing Address 3728 Ballahack Road

City Chesapeake State VA Zip Code 23322-3201

FEC ID number of contributing federal political committee. **C**

Name of Employer Sentara Leigh Hospital Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 23 / 2011
Transaction ID : 19195927

Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Archie McPherson MD
Full Name (Last, First, Middle Initial)
Mailing Address 1701 North George Mason Drive

City Arlington	State VA	Zip Code 22205-3698
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Virginia Hospital Center - Arlington	Occupation Vice President and Chief Medical Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2011

Transaction ID : 19195928

Amount of Each Receipt this Period
350.00

B. Mr. Olas A Hubbs III
Full Name (Last, First, Middle Initial)
Mailing Address 500 London Avenue

City Marysville	State OH	Zip Code 43040-5512
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Memorial Hospital of Union County	Occupation President and Chief Executive Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2011

Transaction ID : 19197902

Amount of Each Receipt this Period
500.00

C. Mr. Dale E Thornton
Full Name (Last, First, Middle Initial)
Mailing Address 45 St Lawrence Drive

City Tiffin	State OH	Zip Code 44883-8310
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Tiffin Hospital	Occupation President and Chief Executive Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2011

Transaction ID : 19198627

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. R. Reed Fraley
Full Name (Last, First, Middle Initial)

Mailing Address 257 Clouse Lane

City Granville State OH Zip Code 43023-1428

FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Hospital Association Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
06 / 24 / 2011
Transaction ID : 19198639

Amount of Each Receipt this Period
500.00

B. Mr. Raymond M Chorey
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 610

City Cambridge State OH Zip Code 43725-0610

FEC ID number of contributing federal political committee. **C**

Name of Employer Southeastern Ohio Regional Medical Cen Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 24 / 2011
Transaction ID : 19198650

Amount of Each Receipt this Period
250.00

C. Mr. William Annable
Full Name (Last, First, Middle Initial)

Mailing Address 2464 Guilford RD

City Cleveland Heights State OH Zip Code 44118-4104

FEC ID number of contributing federal political committee. **C**

Name of Employer University Hospitals Occupation Chief Quality Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 24 / 2011
Transaction ID : 19198653

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Mary Alice Annecharico
 Full Name (Last, First, Middle Initial)
 Mailing Address 234 Goodman Street
 City State Zip Code
 Cincinnati OH 45219-2364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University Hospital Sr. Vice President and Chief Informati
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011
Transaction ID : 19200507
 Amount of Each Receipt this Period
 500.00

B. Dr. Achilles Demetriou
 Full Name (Last, First, Middle Initial)
 Mailing Address 11100 Euclid Avenue
 City State Zip Code
 Cleveland OH 44106-1716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University Hospitals Chief Operating Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011
Transaction ID : 19200509
 Amount of Each Receipt this Period
 500.00

C. Mr. Richard Hanson
 Full Name (Last, First, Middle Initial)
 Mailing Address 12340 Bass Lake Road
 City State Zip Code
 Chardon OH 44024-8327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University Hospitals Extended Care Cam President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011
Transaction ID : 19200510
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 117
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Janet L Miller
Full Name (Last, First, Middle Initial)
Mailing Address 11100 Euclid Avenue

City Cleveland	State OH	Zip Code 44106-5000
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer University Hospitals	Occupation Chief Legal Officer
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2011

Transaction ID : 19200513

Amount of Each Receipt this Period
500.00

B. Dr. Fred C Rothstein
Full Name (Last, First, Middle Initial)
Mailing Address 11100 Euclid Avenue

City Cleveland	State OH	Zip Code 44106-1716
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer University Hospitals Case Medical Cent	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2011

Transaction ID : 19200515

Amount of Each Receipt this Period
500.00

C. Mr. Paul Tait
Full Name (Last, First, Middle Initial)
Mailing Address 6560 Thorntree Drive

City Brecksville	State OH	Zip Code 44141-1769
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer University Hospitals	Occupation Sr VP, Strategic Planning & Bus Develo
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2011

Transaction ID : 19200516

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Thomas F Zenty III
Full Name (Last, First, Middle Initial)
Mailing Address 11100 Euclid Avenue

City Cleveland	State OH	Zip Code 44106-1716
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer University Hospitals	Occupation President and Chief Executive Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : 19200517

Amount of Each Receipt this Period
500.00

B. Ms. Susan Croushore
Full Name (Last, First, Middle Initial)
Mailing Address 2139 Auburn Avenue

City Cincinnati	State OH	Zip Code 45219-2906
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Christ Hospital	Occupation President and Chief Executive Officer
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : 19200518

Amount of Each Receipt this Period
250.00

C. Mr. Harlan Hallquist
Full Name (Last, First, Middle Initial)
Mailing Address 9855 West 78th Street Suite 270

City Eden Prairie	State MN	Zip Code 55344-8002
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer J.E. Dunn Construction Company	Occupation Vice President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2011

Transaction ID : 19200530

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Thomas K Prusak
Full Name (Last, First, Middle Initial)

Mailing Address 523 North Third Street

City Brainerd State MN Zip Code 56401-3098

FEC ID number of contributing federal political committee. **C**

Name of Employer: Essentia Health St. Joseph's Medical C
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 06 / 27 / 2011
Transaction ID : 19200533

Amount of Each Receipt this Period: 25.00

B. Mr. Carl P. Vaagenes
Full Name (Last, First, Middle Initial)

Mailing Address 111 17th Avenue East

City Alexandria State MN Zip Code 56308-5273

FEC ID number of contributing federal political committee. **C**

Name of Employer: Douglas County Hospital
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 27 / 2011
Transaction ID : 19200534

Amount of Each Receipt this Period: 250.00

C. Ms. Jani M Wiebolt
Full Name (Last, First, Middle Initial)

Mailing Address 523 North Third Street

City Brainerd State MN Zip Code 56401-3098

FEC ID number of contributing federal political committee. **C**

Name of Employer: Essentia Health St. Joseph's Medical C
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 06 / 27 / 2011
Transaction ID : 19200535

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Stanley K Hammack
 Full Name (Last, First, Middle Initial)
 Mailing Address 2451 Fillingim Street
 City State Zip Code
 Mobile AL 36617-2238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of South Alabama Hospitals Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2011
Transaction ID : 19200536
 Amount of Each Receipt this Period
 1000.00

B. Mr. J Michael Horsley
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 N. East Boulevard
 City State Zip Code
 Montgomery AL 36117-2214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Alabama Hospital Association President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2011
Transaction ID : 19200537
 Amount of Each Receipt this Period
 1000.00

C. Ms. Linda U Jordan
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1270
 City State Zip Code
 Ashland AL 36251-1270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Clay County Hospital Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2011
Transaction ID : 19200538
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Roger Leonard MD
Full Name (Last, First, Middle Initial)

Mailing Address 11706 Split Tree Circle

City Potomac State MD Zip Code 20854-2880

FEC ID number of contributing federal political committee. **C**

Name of Employer Montgomery General Hospital Occupation Vice President Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
06 / 29 / 2011
Transaction ID : 19200568

Amount of Each Receipt this Period
255.00

B. Ms. Joanne E Pollak
Full Name (Last, First, Middle Initial)

Mailing Address 733 North Broadway, BRB 104

City Baltimore State MD Zip Code 21205

FEC ID number of contributing federal political committee. **C**

Name of Employer Johns Hopkins Health System Occupation Vice President and General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
06 / 29 / 2011
Transaction ID : 19200580

Amount of Each Receipt this Period
510.00

C. Mr. Michael K Kerner
Full Name (Last, First, Middle Initial)

Mailing Address 150 Kingsley Lane

City Norfolk State VA Zip Code 23505-4602

FEC ID number of contributing federal political committee. **C**

Name of Employer Bon Secours-DePaul Medical Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
06 / 30 / 2011
Transaction ID : 19209902

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1115.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Jeff King
Full Name (Last, First, Middle Initial)

Mailing Address 925 Ditchley Rd

City Virginia Beach	State VA	Zip Code 23451-3740
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Sentara Healthcare	Occupation General Counsel
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011

Transaction ID : 19210203

Amount of Each Receipt this Period
350.00

B. Ms. Donna Littlepage
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 25

City Roanoke	State VA	Zip Code 24002-0025
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Carilion Clinic	Occupation Vice President, Finance
-------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011

Transaction ID : 19210206

Amount of Each Receipt this Period
350.00

C. Mr. H. Patrick Walters
Full Name (Last, First, Middle Initial)

Mailing Address 8323 Private Line

City Annandale	State VA	Zip Code 22304-1594
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Inova Health System	Occupation Vice President, Administration
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011

Transaction ID : 19210208

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Sean J. Hopkins
Full Name (Last, First, Middle Initial)

Mailing Address 6180 Lower Mountain Road

City New Hope	State PA	Zip Code 18938-5760
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer New Jersey Hospital Association	Occupation Sr. VP., Health Economics
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2011

Transaction ID : 19230930

Amount of Each Receipt this Period
20.42

B. Mr. Michael Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 533 Kings Grant Road

City Virginia Beach	State VA	Zip Code 23452-7051
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Sentara Healthcare	Occupation Vice President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2011

Transaction ID : 19230938

Amount of Each Receipt this Period
350.00

C. Mr. John T Fox
Full Name (Last, First, Middle Initial)

Mailing Address 1440 Clifton Road NE, Suite 309

City Atlanta	State GA	Zip Code 30322-1053
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Emory Healthcare	Occupation Chief Executive Officer
--------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2011

Transaction ID : 19609411

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	870.42
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Melinda Reid Hatton
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Vice President & General Course
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1045726225183
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. Mr. David Schulke
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation VP Research Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1057462125183
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Mr. James Wadzinski
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President Account Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1347703425183
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 200.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Jack A. Mackay
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Vice President & CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **06 / 30 / 2011**

Transaction ID : PR1347703625183

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$20.00 Bi-Weekly)

B. Mr. Mark Colucci
Full Name (Last, First, Middle Initial)

Mailing Address 1061 N Penny Ln

City Palatine State IL Zip Code 60067-1821

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation National Director Sponsorship and Unde

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **06 / 30 / 2011**

Transaction ID : PR1475133725183

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$20.00 Bi-Weekly)

C. Ms. Stephanie H. Drake
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Associate Executive Director - ASHHRA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **469.21**

Date of Receipt **06 / 30 / 2011**

Transaction ID : PR1492459925183

Amount of Each Receipt this Period **81.66**

P/R Deduction (\$40.83 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **161.66**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Lisa Grabert
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR1671258625183
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. Mr Robert P. David
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR1677512425183
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Mr. Erik Rasmussen
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR1819487925183
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Linda Fishman
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Public Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR327629125183

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

B. Mr. Michael P. McCue
Full Name (Last, First, Middle Initial)

Mailing Address 122 N. Greenwood Avenue

City Park Ridge State IL Zip Code 60068-3227

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Associate Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR327771625183

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Ms. Debra J. Stock
Full Name (Last, First, Middle Initial)

Mailing Address 1022 S. Harvey Avenue

City Oak Park State IL Zip Code 60304-2132

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Vice President, Member Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR32777825183

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Neil J. Jesuele
 Full Name (Last, First, Middle Initial)
 Mailing Address 1003 Kimberly Place
 City State Zip Code
 Great Falls VA 22066-1546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Washingt Executive Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 06 / 30 / 2011
Transaction ID : PR327801725183
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Ms. Pamela Austin Thompson RN, MSN
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City State Zip Code
 Washington DC 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Washingt Chief Executive Officer, AONE & Sr. Vi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 06 / 30 / 2011
Transaction ID : PR327812025183
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Ms. Joan H. Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 6034 North 22nd Street
 City State Zip Code
 Arlington VA 22205-3408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Washingt Regional Executive
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 06 / 30 / 2011
Transaction ID : PR327831725183
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Robert J. Donovan
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin Street
 City Chicago State IL Zip Code 60606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President, Meetings & Travel Serv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR327846225183
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Ms. Ellen A. Pryga
 Full Name (Last, First, Middle Initial)
 Mailing Address 2401 Calvert Street, NW Apt. 1008
 City Washington State DC Zip Code 20008-2614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Director, Policy Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR327851925183
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Mr. Mark Seklecki
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR327858025183
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 160.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. John F. Barry
Full Name (Last, First, Middle Initial)
Mailing Address One North Franklin
City Millis State MA Zip Code 60606-3436
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Chicago Occupation Regional Executive
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **480.00**

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR327877825183
Amount of Each Receipt this Period **80.00**
P/R Deduction (\$40.00 Bi-Weekly)

B. Mr. George F. Bergstrom
Full Name (Last, First, Middle Initial)
Mailing Address 130 North Garland Court #3002
City Chicago State IL Zip Code 60602-4750
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Chicago Occupation Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **480.00**

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR327895725183
Amount of Each Receipt this Period **80.00**
P/R Deduction (\$40.00 Bi-Weekly)

C. Mr. Richard J. Umbdenstock
Full Name (Last, First, Middle Initial)
Mailing Address 325 Seventh Street, NW Suite 700
City Washington State DC Zip Code 20004-2818
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Washingt Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **480.00**

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR328132825183
Amount of Each Receipt this Period **80.00**
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **240.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Barbara Lorschach
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 7th Ave
 City La Grange State IL Zip Code 60525-6406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Member Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **480.00**

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR328136925183
 Amount of Each Receipt this Period **80.00**
 P/R Deduction (\$40.00 Bi-Weekly)

B. Ms. Donna J. Melkonian
 Full Name (Last, First, Middle Initial)
 Mailing Address 5545 North Wayne
 City Chicago State IL Zip Code 60640-1318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **480.00**

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR328223825183
 Amount of Each Receipt this Period **80.00**
 P/R Deduction (\$40.00 Bi-Weekly)

C. Mr. Ron O. Purcell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1093 N. Faldo Way
 City Eagle State ID Zip Code 83616-5369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR328241425183
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Richard J. Pollack
Full Name (Last, First, Middle Initial)

Mailing Address 3475 North Venice Street

City Arlington State VA Zip Code 22207-4446

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR328260925183

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

B. Ms. Lori M. Schor
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director, Political Action & Grassroot

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR328341825183

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

C. Ms. Carolyn Forcina
Full Name (Last, First, Middle Initial)

Mailing Address 200 Clover Hill Court

City Yardley State PA Zip Code 19067-5736

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR328511825183

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Alicia N. Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 N. Harrison Street
 City State Zip Code
 Arlington VA 22205-2726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Washingt Senior Vice President, Communications
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR328512025183
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Mr. George Arges
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin St.
 City State Zip Code
 Chicago IL 60606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Chicago Senior Director, Health Data Managemen
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR328641125183
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Mr. Anthony J. Burke
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin Ave.
 City State Zip Code
 Chicago IL 60606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Chicago President & CEO, AHA Solutions, Inc. &
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR328913325183
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 160.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation SPSA Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2011

Transaction ID : PR329013425183

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Dr. John R. Combes

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation President & Chief Operating Officer, C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2011

Transaction ID : PR329071325183

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Ms. Robyn Cooke

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2011

Transaction ID : PR329084425183

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **160.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. W. Thomas Deweese
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Interstate Boulevard South
 City Nashville State TN Zip Code 37210-4634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **480.00**

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR329215725183
 Amount of Each Receipt this Period **80.00**
 P/R Deduction (\$40.00 Bi-Weekly)

B. Ms. Patricia Meersman
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Senior Director Member Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR330343325183
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

C. Mr. Thomas Misfeldt
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR330411625183
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Paul N. Muraca
 Full Name (Last, First, Middle Initial)
 Mailing Address 4960 138th Circle West
 City Apple Valley State MN Zip Code 55124-9229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR330475425183
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. Mr. Gene O'Dell
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President, Strategic Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR330547725183
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Ms. Eileen O'Keefe
 Full Name (Last, First, Middle Initial)
 Mailing Address 172 Atteridge
 City Lake Forest State IL Zip Code 60045-1715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President, Constituency Section
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR330549225183
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Anthony Spohn
 Full Name (Last, First, Middle Initial)
 Mailing Address 3219 N. Oriole
 City Chicago State IL Zip Code 60634-3232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Executive Director, Associate Members
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR331098325183
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Ms. Darlene S. Vanderbush
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 West Glendale Ave.
 City Alexandria State VA Zip Code 22301-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Director Advocacy and Public Policy Op
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR331304225183
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Mr. Donald May
 Full Name (Last, First, Middle Initial)
 Mailing Address 521 Great Falls St.
 City Falls Church State VA Zip Code 22046-2613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR331533225183
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Elizabeth Summy
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Chicago State IL Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President, PMG
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **480.00**

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR346168125183
 Amount of Each Receipt this Period **80.00**
 P/R Deduction (\$40.00 Bi-Weekly)

B. Ms. Megan Cundari
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **462.32**

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR518031925183
 Amount of Each Receipt this Period **82.72**
 P/R Deduction (\$41.36 Bi-Weekly)

C. Mr. Carlos Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 City Washington State DC Zip Code 20004-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR566280925183
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	202.72
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Ashley B. Thompson		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 606 S. Royal St.		Transaction ID : PR766023725183
City Alexandria	State VA	Zip Code 22314-4142
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer American Hospital Association-Washingt	Occupation Director, Policy	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Ms. Lisa Kidder Hrobsky		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID : PR876637225183
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Legislative Affairs	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer	Occupation	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	81336.83

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 90 OF 117
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

Full Name (Last, First, Middle Initial)
Mailing Address Post Office Box 8600

City Harrisburg State PA Zip Code 17105-8600

FEC ID number of contributing federal political committee. **C** C00128082

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100075.00

Date of Receipt
06 / 22 / 2011
Transaction ID : 19192737

Amount of Each Receipt this Period
10075.00

B. Wisconsin Hospital Association Federal PAC

Full Name (Last, First, Middle Initial)
Mailing Address 5510 Research Park Drive PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing federal political committee. **C** C00422881

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt
06 / 15 / 2011
Transaction ID : 19193252

Amount of Each Receipt this Period
2600.00

C. Wisconsin Hospital Association Federal PAC

Full Name (Last, First, Middle Initial)
Mailing Address 5510 Research Park Drive PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing federal political committee. **C** C00422881

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3100.00

Date of Receipt
06 / 28 / 2011
Transaction ID : 19200543

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	13175.00
TOTAL This Period (last page this line number only).....▶	13175.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 117
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Citibank, F.S.B.		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2011 Transaction ID : 19230811
Mailing Address 1400 G Street, NW		Amount of Each Receipt this Period 72.81
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. C	Interest Earned
Name of Employer Occupation	Aggregate Year-to-Date ▼ 465.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. TD Bank		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2011 Transaction ID : 19230812
Mailing Address 901 Seventh Street, NW		Amount of Each Receipt this Period 188.59
City Washington State DC Zip Code 20001	FEC ID number of contributing federal political committee. C	Interest Earned
Name of Employer Occupation	Aggregate Year-to-Date ▼ 507.64	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City State Zip Code	FEC ID number of contributing federal political committee. C	
Name of Employer Occupation	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	261.40
TOTAL This Period (last page this line number only).....▶	261.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 19230799

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

B. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 19230800

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

C. Paymentech

Mailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 19230804

Amount of Each Disbursement this Period

Merchant Fees

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 19230805

Amount of Each Disbursement this Period

Bank Fee

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Cooper For Congress

Mailing Address 236 Massachusetts Avenue NE
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jim Cooper

Office Sought: House
 Senate
 President
State: TN District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 19180792

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Nadler For Congress

Mailing Address Village Station, PO Box 40

City New York State NY Zip Code 10014

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jerrold L. Nadler

Office Sought: House
 Senate
 President
State: NY District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 19180793

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. John Tierney For Congress

Mailing Address 49 Federal Street

City Salem State MA Zip Code 01970

Purpose of Disbursement
Contribution

Candidate Name

Rep. John F. Tierney

Office Sought: House
 Senate
 President
State: MA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 19180794

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bass Victory Committee

Mailing Address PO Box 3451

City State Zip Code
Concord NH 03302

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Charles Bass

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID : 19180795

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Michael Burgess For Congress

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Michael C. Burgess M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID : 19180796

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Blumenauer For Congress

Mailing Address 830 Ne Holladay, #105

City State Zip Code
Portland OR 97232

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Earl Blumenauer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID : 19180797

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3	5	0	0	.	0	0
---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

3	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Adrian Smith For Congress

Mailing Address 3321 Avenue I
Suite 6

City State Zip Code
Scottsbluff NE 69361

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Adrian Honorable Smith

Category/
Type

Office Sought: House
 Senate
 President
State: NE District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2011

Transaction ID : 19180801

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Treasure State PAC

Mailing Address PO Box 76187

City State Zip Code
Washington DC 20013

Purpose of Disbursement
2011 Contribution

011

Candidate Name

Treasure State PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2011

Transaction ID : 19184416

Amount of Each Disbursement this Period

5000.00

2011 Contribution

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement
2011 Contribution

011

Candidate Name

National Republican Senatorial Committee

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2011

Transaction ID : 19184436

Amount of Each Disbursement this Period

15000.00

2011 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

21000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2011

Mailing Address 430 South Capitol Street

Transaction ID : 19184472

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

15000.00

Purpose of Disbursement
2011 Contribution

011
Category/ Type

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

2011 Contribution

State: District:

Full Name (Last, First, Middle Initial)

B. Rush Holt For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2011

Mailing Address PO Box 782

Transaction ID : 19184510

City Pennington State NJ Zip Code 08534

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name

Rep. Rush D. Holt

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Contribution

State: NJ District: 12

Full Name (Last, First, Middle Initial)

C. Lance For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2011

Mailing Address PO Box 225

Transaction ID : 19184517

City Colonia State NJ Zip Code 07067

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name

Rep. Leonard Lance

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Contribution

State: NJ District: 07

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

17000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pascrell For Congress

Mailing Address P.O. Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. William J. Pascrell Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2011

Transaction ID : 19184530

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Steve Rothman for Congress

Mailing Address P.O. Box 714

City Hackensack State NJ Zip Code 07602

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Steven R. Rothman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2011

Transaction ID : 19184538

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mike Kelly For Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. George Kelly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2011

Transaction ID : 19184564

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of John Barrasso

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. John A. Barrasso MD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	1

Transaction ID : 19187162

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Scott Brown For U.S. Senate Committee

Mailing Address P.O. Box 395

City Wrentham State MA Zip Code 02903

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Scott Brown

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	1

Transaction ID : 19187221

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Bob Corker For Senate

Mailing Address 518 Georgia Ave 2nd Floor

City Chattanooga State TN Zip Code 37403

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Robert Corker

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	1

Transaction ID : 19187234

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Hatch Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Orrin G. Hatch

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2011

Transaction ID : 19187274

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Dick Lugar Inc

Mailing Address PO Box 55952

City State Zip Code
Indianapolis IN 46205

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Richard G. Lugar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2011

Transaction ID : 19187304

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Snowe For Senate

Mailing Address PO Box 2012

City State Zip Code
Portland ME 04104

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Olympia J. Snowe

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2011

Transaction ID : 19187320

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Citizens For Altmore

Mailing Address P.O. Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Jason Altmore

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	1

Transaction ID : 19187370

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of John Barrow

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. John Barrow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	1

Transaction ID : 19187417

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

C. Courtney For Congress

Mailing Address 38 Risley Road

City Vernon State CT Zip Code 06066

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Joseph D. Courtney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
2012 Convention

State: CT District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	1

Transaction ID : 19187436

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

TOTAL This Period (last page this line number only)..... ▶

4	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Wally Herger For Congress Committee

Mailing Address PO Box 1007

City Willows State CA Zip Code 95988

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Wally Herger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 02

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2011

Transaction ID : 19187489

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Loeb sack For Congress

Mailing Address PO Box 2720

City Cedar Rapids State IA Zip Code 52406

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. David Wayne Loeb sack

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2011

Transaction ID : 19187504

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Diana DeGette For Congress Inc.

Mailing Address P.O. Box 61337

City Denver State CO Zip Code 80206

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Diana DeGette

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2011

Transaction ID : 19187523

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Huizenga For Congress

Mailing Address 441 William Court

City Zeeland State MI Zip Code 49464

Purpose of Disbursement
Contribution

Candidate Name
Rep. William Huizenga

Office Sought: House
 Senate
 President
State: MI District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2011

Transaction ID : 19187543

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Peters For Congress

Mailing Address PO Box 226

City Bloomfield Hills State MI Zip Code 48303

Purpose of Disbursement
Contribution

Candidate Name
Rep. Gary C. Peters

Office Sought: House
 Senate
 President
State: MI District: 09

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2011

Transaction ID : 19187619

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cleaver For Congress

Mailing Address 4801 Main Street, Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement
Contribution

Candidate Name
Rep. Emanuel Cleaver II

Office Sought: House
 Senate
 President
State: MO District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2011

Transaction ID : 19187639

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Searchlight Leadership Fund

Mailing Address 700 Thirteenth Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2011 Contribution

011

Candidate Name
Searchlight Leadership Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 14 / 2011

Transaction ID : 19187659

Amount of Each Disbursement this Period

2500.00

2011 Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Sherrod Brown

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement
Contribution

011

Candidate Name
Sen. Sherrod Brown

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 14 / 2011

Transaction ID : 19187685

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jaime Herrera Beutler For Congress

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Jaime Herrera Beutler

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WA District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 14 / 2011

Transaction ID : 19187723

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Jim Clyburn

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Contribution

Candidate Name

Rep. James E. Clyburn

Office Sought: House
 Senate
 President
State: SC District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2011

Transaction ID : 19187819

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Nancy Pelosi For Congress

Mailing Address 700 Thirteenth Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Rep. Nancy Pelosi

Office Sought: House
 Senate
 President
State: CA District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2011

Transaction ID : 19187835

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ben Chandler For Congress

Mailing Address P. O. Box 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement
Contribution

Candidate Name

Rep. Benjamin Chandler

Office Sought: House
 Senate
 President
State: KY District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2011

Transaction ID : 19187855

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Quigley For Congress

Mailing Address PO Box 13040

City Chicago State IL Zip Code 60613

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Michael Quigley

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 05

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2011

Transaction ID : 19187877

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City Jenkintown State PA Zip Code 19046

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Allyson Y. Schwartz

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2011

Transaction ID : 19187900

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Carper For Senate

Mailing Address 19 East Commons Blvd Second Floor

City New Castle State DE Zip Code 19720

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Sen. Thomas R. Carper

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: DE District:

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2011

Transaction ID : 19207896

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Contribution

Candidate Name

Rep. Patrick J. Tiberi

Office Sought: House
 Senate
 President
State: OH District: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2011

Transaction ID : 19207979

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Dennis Cardoza

Mailing Address PO Box 2749

City Merced State CA Zip Code 95340

Purpose of Disbursement
Contribution

Candidate Name

Rep. Dennis A. Cardoza

Office Sought: House
 Senate
 President
State: CA District: 18

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2011

Transaction ID : 19208225

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. John Carney For Congress

Mailing Address PO Box 2162

City Wilmington State DE Zip Code 19899

Purpose of Disbursement
Contribution

Candidate Name

Rep. John Carney

Office Sought: House
 Senate
 President
State: DE District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2011

Transaction ID : 19208294

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Kind For Congress Committee

Mailing Address 205 5th Avenue South
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ron Kind

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 19208458

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. LoBiondo For Congress

Mailing Address P.O. Box 550

City Vineland State NJ Zip Code 08362

Purpose of Disbursement
Contribution

Candidate Name

Rep. Frank A. LoBiondo

Office Sought: House
 Senate
 President
State: NJ District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 19211248

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. America Works PAC

Mailing Address PO BOX 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement
2011 Contribution

Candidate Name

America Works PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 19211315

Amount of Each Disbursement this Period

2011 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. BRIDGE PAC: Building Relationships In Diverse Geographic Environments PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2011

Mailing Address 499 South Capitol St., SW
Suite 422

Transaction ID : 19211662

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
2011 Contribution

011
Category/ Type

2011 Contribution

Candidate Name
BRIDGE PAC: Building Relationships In Diverse Geographic Environments PAC

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

B. ERIC PAC-Every Republican is Crucial PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2011

Mailing Address 209 Pennsylvania Avenue SE

Transaction ID : 19211722

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
2011 Contribution

011
Category/ Type

2011 Contribution

Candidate Name
ERIC PAC-Every Republican is Crucial PAC

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

C. VINEPAC: Victory in November Election PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2011

Mailing Address 700 Thirteenth Street, NW
Suite 600

Transaction ID : 19211830

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
2011 Contribution

011
Category/ Type

2011 Contribution

Candidate Name
VINEPAC: Victory in November Election PAC

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶

10500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Daniel Webster for Congress

Mailing Address 3400 Old Winter Garden Road

City Orlando State FL Zip Code 32805

Purpose of Disbursement
Contribution

Candidate Name

Rep. Daniel Webster

Office Sought: House
 Senate
 President
State: FL District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	1		2	0	1	1		

Transaction ID : 19212143

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Davis For Congress/Friends Of Davis

Mailing Address 5956 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement
Contribution

Candidate Name

Rep. Danny K. Davis

Office Sought: House
 Senate
 President
State: IL District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	1		2	0	1	1		

Transaction ID : 19212206

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Jesse Jackson Jr For Congress

Mailing Address P.O. Box 490286

City Chicago State IL Zip Code 60649

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jesse L. Jackson Jr.

Office Sought: House
 Senate
 President
State: IL District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	1		2	0	1	1		

Transaction ID : 19212284

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4	5	0	0	.	0	0
---	---	---	---	---	---	---

4	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Nan Hayworth

Mailing Address 51 Gleneida Avenue

City Carmel State NY Zip Code 10512

Purpose of Disbursement
Contribution

Candidate Name

Rep. Nan Hayworth

Office Sought: House
 Senate
 President
State: NY District: 19

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	1	1	

Transaction ID : 19212349

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Pete King For Congress Committee

Mailing Address Post Office Box 1428

City Seaford State NY Zip Code 11783

Purpose of Disbursement
Contribution

Candidate Name

Rep. Peter T. King

Office Sought: House
 Senate
 President
State: NY District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	1	1	

Transaction ID : 19212442

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Scott Rigell For Congress

Mailing Address 915 First Colonial Road
Suite 100

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Contribution

Candidate Name

Rep. Edward Scott Rigell

Office Sought: House
 Senate
 President
State: VA District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	1	1	

Transaction ID : 19212499

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3	0	0	.	0	0
---	---	---	---	---	---

3	0	0	.	0	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joe Heck

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2011

Transaction ID : 19212828

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Blaine Luetkemeyer for Congress 2012

Mailing Address P.O. BOX 25

City Holts Summit State MO Zip Code 65043

Purpose of Disbursement
Contribution

Candidate Name

Rep. Blaine Luetkemeyer

Office Sought: House
 Senate
 President
State: MO District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2011

Transaction ID : 19212929

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Pat Meehan For Congress

Mailing Address 50 S. Providence Road
PO Box 308

City Media State PA Zip Code 19063

Purpose of Disbursement
Contribution

Candidate Name

Rep. Patrick Meehan

Office Sought: House
 Senate
 President
State: PA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2011

Transaction ID : 19213579

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Victory Now!

Mailing Address 10605 Concord Street
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement
2011 Contribution

011

Candidate Name
Victory Now!

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2011

Transaction ID : 19214089

Amount of Each Disbursement this Period

1000.00

2011 Contribution

Full Name (Last, First, Middle Initial)

B. Doyle For Congress Committee

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Michael F. Doyle

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 14

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2011

Transaction ID : 19214118

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Latta For Congress

Mailing Address P.O. Box 106

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Robert Latta

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2011

Transaction ID : 19214244

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Betty Sutton For Congress

Mailing Address 1700 W Market St #155

City Akron State OH Zip Code 44313

Purpose of Disbursement
Contribution

Candidate Name
Rep. Betty S. Sutton

Office Sought: House
 Senate
 President
State: OH District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2011

Transaction ID : 19214386

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Chris Gibson For Congress

Mailing Address PO Box 247

City Kinderhook State NY Zip Code 12106

Purpose of Disbursement
Contribution

Candidate Name
Rep. Chris Gibson

Office Sought: House
 Senate
 President
State: NY District: 20

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2011

Transaction ID : 19230926

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. McKinley For Congress

Mailing Address 32 20th Street

City Wheeling State WV Zip Code 26003

Purpose of Disbursement
Contribution

Candidate Name
Rep. David McKinley

Office Sought: House
 Senate
 President
State: WV District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2011

Transaction ID : 19230927

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Wicker For Senate

Mailing Address PO Box 64

City Jackson State MS Zip Code 39205

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Roger Wicker

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MS District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2011

Transaction ID : 19230929

Amount of Each Disbursement this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

500.00

127500.00